

CLAIMS ONLY

| | | |
|--------------------|------------|-------------|
| Application Number | 10 613,553 | Filing Date |
| Applicant(s) | | |

Applicant(s)

* May be used for additional claims or amendments.

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
|--------------|-----------|--------|-----------------------|--------|------------------------|--------|--------------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | 51 | | | |
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| 50 | | | | | | | 100 | | | |
| Total Indep. | <i>2</i> | | | | | | Total Indep. | | | |
| Total Depend | <i>9</i> | | | | | | Total Depend | | | |
| Total Claims | <i>11</i> | | | | | | Total Claims | | | |

Best Available Copy